



DREXEL UNIVERSITY
 Graduate School of
**Biomedical Sciences
 and Professional Studies**
College of Medicine

PRELIMINARY EXAMINATION

The Preliminary Examination may be written, oral or both. It may not be taken until two semesters of residence credit have been accumulated. Passing this examination indicates that you are eligible to move onto the next exam.

On _____, _____
 (Date) (Student's name)

___successfully passed; ___did not pass, the preliminary examination of the

 (Graduate Program)

Signatures/Printed Name of Examining Committee:

_____	_____
Chairperson	
_____	_____
_____	_____

Committee Comments (required):

Student's Signature **Date**